

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90090 013 ****61.25

DOCUMENT # 750998

1. Entity Name

PINETTA VOLUNTEER FIRE AND RESCUE, INC.



Principal Place of Business
509 NE PERSIMMON DR.
PINETTA FL 32350
US

Mailing Address
P. O. BOX 269
PINETTA FL 32350
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVES, GEORGE T
901 WEST BASE
MADISON FL 32340

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME CRISS, CODY
STREET ADDRESS 560 NE FIR ST.
CITY-ST-ZIP PINETTA FL 32350

TITLE PD ☒ Change ☐ Addition
NAME Doug Finney
STREET ADDRESS 203 NE Town Ave
CITY-ST-ZIP Madison FL 32340

TITLE VP ☐ Delete
NAME THOMPSON, TAMMY
STREET ADDRESS 253 NE SCHOOL ST.
CITY-ST-ZIP PINETTA FL 32350

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME CHRIS, MARY
STREET ADDRESS 560 NE FIR ST.
CITY-ST-ZIP PINETTA FL 32350

TITLE S ☒ Change ☐ Addition
NAME Tammy Thompson
STREET ADDRESS 253 NE School St
CITY-ST-ZIP Pinetta, FL 32350

TITLE T ☐ Delete
NAME SHADRICK, ALLEN
STREET ADDRESS 10129 NW COLON KELLY HWY
CITY-ST-ZIP PINETTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BOD ☒ Delete
NAME JOHNSON, LANDY
STREET ADDRESS 10804 NW KELLY HWY
CITY-ST-ZIP PINETTA FL 32350

TITLE BOD ☒ Change ☐ Addition
NAME Keith Gramling
STREET ADDRESS NE 164 Delphinium Dr
CITY-ST-ZIP Madison, FL 32340

TITLE BOD ☐ Delete
NAME VICKERS, WAYNE
STREET ADDRESS 212 NE PETUNIA ST.
CITY-ST-ZIP PINETTA FL 32350

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen C. Shadrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05

Date

850 973-2236

Daytime Phone #